

1939 MAY 18 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

15250  
Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 431  
(b) Township Warrensburg Primary Registration District No. 3023 Registered No. 56  
(c) City Warrensburg (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

630 George King Burck  
(a) Residence, No. 600 W. Gay St. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>Wk</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Annada Alice Harrington Burck</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 1 1879</u>		
7. AGE YEARS <u>59</u>	MONTHS <u>11</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>laborer</u>		
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Johnson Co. Mo.</u>		
13. NAME <u>George K. Burck</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>		
15. MAIDEN NAME <u>Charissa McLean</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>		
17. INFORMANT (ADDRESS) <u>Mrs Geo. K. Burck 600 W. Gay St. Warrensburg Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sunset Hill</u> DATE <u>May 1 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>W. F. Wilcox Funeral Service Warrensburg Mo.</u>		
20. FILED <u>May 1 1939</u> <u>Eva Gentry</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30 1939

22. I HEREBY CERTIFY, That I attended deceased from 1937-, 1937, to 4-30-39, 1939

I last saw him alive on 4-29-, 1939. Death is said

to have occurred on the date stated above, at 4:00 a. m.  
The principal cause of death and related causes of importance were as follows:

Pulmo. TB -  
Tubercular meningitis

Date of onset  
?

3 mo

Other contributory causes of importance: 730

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis physian Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) Dr. F. M. M. M., M. D.

(Address) Warrensburg Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED  
District Health Officer No. 8,  
District File Number 687439  
Date Filed 07/13/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Donald W. Turpin

working under my personal supervision.

..... Registered Apprentice No. ....

Signed.....

Donald W. Turpin

Licensed Embalmer No. 3053

P. O. Address Warrensburg Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.